

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FREE STATE PAC

ADDRESS (number and street)

P.O. BOX 9191

Check if different
than previously
reported. (ACC)

Shawnee Mission

KS

66201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00455717

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2018

through

M M / D D / Y Y Y Y Y Y
03 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Clark, James, Tice, ,

Type or Print Name of Treasurer

Signature of Treasurer

Clark, James, Tice, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FREE STATE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		407930.59
(b) Cash on Hand at Beginning of Reporting Period.....	407930.59	
(c) Total Receipts (from Line 19)	52019.67	52019.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	459950.26	459950.26
7. Total Disbursements (from Line 31).....	43790.49	43790.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	416159.77	416159.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FREE STATE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2018

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2018

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40000.00

40000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

40000.00

40000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

8000.00

8000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

48000.00

48000.00

12. Transfers From Affiliated/Other

Party Committees.....

4019.67

4019.67

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

52019.67

52019.67

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

52019.67

52019.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	35790.49	35790.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35790.49	35790.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	500.00	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43790.49	43790.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43790.49	43790.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	48000.00	48000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48000.00	48000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35790.49	35790.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35790.49	35790.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ciciora, Amanda, , ,

Mailing Address 2121 E. Crawford Place

City
Salina

State
KS

Zip Code
67401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8643

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ciciora, Courtney, , ,

Mailing Address 2121 E. Crawford Place

City
Salina

State
KS

Zip Code
67401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8641

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ciciora, Jack, , ,

Mailing Address 2121 E. Crawford

City
Salina

State
KS

Zip Code
67401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8642

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ciciora, John, , ,

Mailing Address 2121 E. Crawford Place

City
SalinaState
KSZip Code
67401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ciciora Custom HomesOccupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8639

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ciciora, Susan, , ,

Mailing Address 2121 E. Crawford

City
SalinaState
KSZip Code
67401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Horejsi, Ellen, , ,

Mailing Address 2121 E. Crawford Place

City
SalinaState
KSZip Code
67401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8637

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Horejsi, John, , ,

Mailing Address 2121 E. Crawford Place

City
Salina

State
KS

Zip Code
67401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8638

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horejsi, Stewart, , ,

Mailing Address 2121 E. Crawford Place

City
Salina

State
KS

Zip Code
67401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dickinson County Bank

Occupation (for Individual)

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : SA11AI.8636

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

40000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALIFORNIA DAIRIES FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 475 SOUTH TEGNER

City
TURLOCK

State
CA

Zip Code
95380

FEC ID number of contributing
federal political committee.

C C00349746

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / **31** / **2018**

Transaction ID : SA11C.8658

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVITA INC. POLITICAL ACTION COMMITTEE (DAPAC)

Mailing Address 32275 32ND AVE, S.

City

FEDERAL WAY

State

WA

Zip Code

98001

FEC ID number of contributing
federal political committee.

C C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **19** / **2018**

Transaction ID : SA11C.8657

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1615 L STREET, NW
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00032698

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / **05** / **2018**

Transaction ID : SA11C.8656

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Political Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 21
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

A. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City
BENTONVILLE

State
AR

Zip Code
72716

FEC ID number of contributing
federal political committee.

C C00093054

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / **16** / **2018**

Transaction ID : SA11C.8644

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Political Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21
(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORAN VICTORY COMMITTEE

Mailing Address PO BOX 541

City
BELLEVILLE

State
KS

Zip Code
66935

FEC ID number of contributing
federal political committee.

C

C00616268

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4019.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2018

Transaction ID : SA12.8645

Amount of Each Receipt this Period

4019.67

☐ Memo Item

Transfer from Affiliated Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

4019.67

TOTAL This Period (last page this line number only)..... ►

4019.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619616

City
DFW AirportState
TXZip Code
75261Purpose of Disbursement
Airline Travel

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8614

Amount of Each Disbursement this Period

964.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P.O. Box 619616

City
DFW AirportState
TXZip Code
75261Purpose of Disbursement
Airline Travel

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8616

Amount of Each Disbursement this Period

921.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address P.O. Box 619616

City
DFW AirportState
TXZip Code
75261Purpose of Disbursement
Airline Travel

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8628

Amount of Each Disbursement this Period

1543.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3429.62

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address P.O. Box 619616

City
DFW AirportState
TXZip Code
75261Purpose of Disbursement
Airline Travel

002

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8661

Amount of Each Disbursement this Period

1075.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capital Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food & Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8615

Amount of Each Disbursement this Period

222.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Capital Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food & Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8634

Amount of Each Disbursement this Period

66.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1363.75

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. Capital Hill Club

Mailing Address 300 1st Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Food & Beverage

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8662

Amount of Each Disbursement this Period

540.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kansans for Life PAC

Mailing Address P.O. Box 783285

City
WichitaState
KSZip Code
67278Purpose of Disbursement
Event Sponsor

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8627

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kansas Day Club

Mailing Address P.O. Box 257

City
ParkerState
KSZip Code
66072Purpose of Disbursement
Event Registration

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8607

Amount of Each Disbursement this Period

650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6190.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. Kansas Rifle Association

Mailing Address P.O. Box 219

City
Bonner SpringsState
KSZip Code
66012Purpose of Disbursement
Event Sponsor

007

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2018

FEC Identification Number

C

Transaction ID : SB21B.8654

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kansas State College Republicans

Mailing Address 330 N. Delaware Ave

City
ManhattanState
KSZip Code
66506Purpose of Disbursement
Event Sponsor

007

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2018

FEC Identification Number

C

Transaction ID : SB21B.8610

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mason Strategies

Mailing Address 611 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2018

FEC Identification Number

C

Transaction ID : SB21B.8604

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. Mason Strategies

Mailing Address 611 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8621

Amount of Each Disbursement this Period

10390.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Northwestern Printers, Inc

Mailing Address 114 West 9th. Street

City
HaysState
KSZip Code
67601Purpose of Disbursement
Printing Expenses

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8606

Amount of Each Disbursement this Period

2285.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Northwestern Printers, Inc

Mailing Address 114 West 9th. Street

City
HaysState
KSZip Code
67601Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8623

Amount of Each Disbursement this Period

980.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

13656.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. The Gober Group

Mailing Address P.O. Box 341016

City
AustinState
TXZip Code
78734Purpose of Disbursement
Consulting Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8611

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Gober Group

Mailing Address P.O. Box 341016

City
AustinState
TXZip Code
78734Purpose of Disbursement
Consulting Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8625

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Gober Group

Mailing Address P.O. Box 341016

City
AustinState
TXZip Code
78734Purpose of Disbursement
Consulting Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8653

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. The Kam Company

Mailing Address 2330W. 53rd Terrace

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8605

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Kam Company

Mailing Address 2330W. 53rd Terrace

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8617

Amount of Each Disbursement this Period

1079.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Kam Company

Mailing Address 2330W. 53rd Terrace

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8617.

Amount of Each Disbursement this Period

1000.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2079.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. The Kam Company

Mailing Address 2330W. 53rd Terrace

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8626

Amount of Each Disbursement this Period

3180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Kam Company

Mailing Address 2330W. 53rd Terrace

City
Kansas CityState
MOZip Code
64112Purpose of Disbursement
Fundraising Consulting Fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.8646

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4180.00

TOTAL This Period (last page this line number only)..... ►

34899.39

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. BLACKBURN, MARSHA MRS, , ,

Mailing Address 6103 MURRAY LANE

City
BRENTWOODState
TNZip Code
37027Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	1	8		

FEC Identification Number

C S8TN00337

Transaction ID : SB23.8649

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLEMAN, ANDY, , ,

Mailing Address 13996 E 103RD PL N

City
OWASSOState
OKZip Code
74055Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	8		

FEC Identification Number

C H8OK01124

Transaction ID : SB23.8651

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WICKER, ROGER F, , ,

Mailing Address 521 MAGNOLIA DRIVE

City
TUPELOState
MSZip Code
38804Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	8		

FEC Identification Number

C S8MS00196

Transaction ID : SB23.8647

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FREE STATE PAC

Full Name (Last, First, Middle Initial)

A. Boyer, John, , ,

Mailing Address 444 West B Ave

City
KingmanState
KSZip Code
67068Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

012

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2018

FEC Identification Number

C

Transaction ID : SB29.8648

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00